

Registration Form
Required for All Presenters and Attendees
15th ANNUAL ARGONNE SYMPOSIUM FOR
UNDERGRADUATES IN SCIENCE, ENGINEERING AND MATHEMATICS
November 5-6, 2004 at Argonne National Laboratory - Building 401

Check one: ☐ **Presenter*** ☐ **Attendee**

REGISTRATION INFORMATION - All Symposium presenters and attendees are required to pay a \$45 registration fee. The registration fee includes a reception/banquet that will be held on Friday evening (approx. 6:00 p.m.) at the Argonne Guest House (see Fees and Payment Method). On Friday and Saturday, registration for the Symposium will begin at 8:30 a.m. in the Lobby of Building 401. All presenters and attendees **MUST** register at the Symposium. Due to current security procedures, please allow for additional time for processing of access to the Laboratory.

Title _____ Name _____
(e.g., Mr., Ms., Dr., Professor) First Middle Initial Last

E-mail _____ Telephone () _____ Fax () _____

University/College or Current Employer _____ Department _____

Mailing Address _____
(Street) (City) (State) (Zip Code)

Country of Citizenship _____

NON-U.S. Citizens *MUST* complete a Foreign Visit Request Form.

PRESENTER* - Please complete the following.

Abstract Title _____

Please check one of the following Session Titles; otherwise your abstract will not be sorted.

- | | | |
|--|--|---|
| <input type="checkbox"/> Analytical Chemistry | <input type="checkbox"/> General Biology | <input type="checkbox"/> Nuclear and Atomic Physics |
| <input type="checkbox"/> Astrophysics and Geophysics | <input type="checkbox"/> General Physics | <input type="checkbox"/> Organometallic Chemistry |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Genetics | <input type="checkbox"/> Physical Chemistry |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Genomics | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Inorganic and Organic Chemistry | <input type="checkbox"/> Spectroscopy |
| <input type="checkbox"/> Condensed Matter Physics | <input type="checkbox"/> Materials Science | <input type="checkbox"/> Structural Biology |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Mathematics | |
| <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Molecular Biology | |

ONE OF THE ABOVE SESSION TITLES MUST BE THE FIRST WORD IN THE ELECTRONIC SUBMISSION. Each session will be equipped with an overhead projector and an LCD projector. The presenter **MUST SUPPLY** a laptop.

I will require: ☐ Overhead projector ☐ LCD projector ☐ None

Signature of Faculty Sponsor _____

FEES

____ Registration - \$45

____ Reception/Banquet ☐ Yes ☐ No ☐ Vegetarian Meal Requested

PAYMENT METHOD - (Check or credit card only.)

____ Check enclosed (made payable to Argonne National Laboratory).

I will pay now with a credit card. _____ Visa _____ Master Card **(Only Visa and MasterCard accepted.)**

Credit Card Number _____ Expiration Date _____

Please include three digits shown after the credit card number on the reverse of the card.

PLEASE SEND REGISTRATION FORM AND PAYMENT TO: Conference Services, Argonne National Laboratory, Building 201, 9700 South Cass Avenue, Argonne, IL 60439 Phone: 630-252-5587 Fax: 630-252-5533. **To expedite processing, please fax a copy of the registration form before mailing.** It is not necessary to mail registration form when using credit card payment. Fax only.

THE DEADLINE FOR SUBMISSION OF ABSTRACTS AND TO REGISTER FOR THE SYMPOSIUM IS SEPTEMBER 24, 2004